

Maricopa County Justice Courts, Arizona

	CASE NUMBER:
Plaintiff(s) Name / Address / Phone	Defendant(s) Name / Address / Phone
() - Attorney for Plaintiff(s) Name / Address / Phone	()
	ted by Court Order, DO NOT use this form
I am the \Box Plaintiff \Box Defendant in this action. I hereby notify the court and all parties to this act	
My OLD address is: Please Print	
Street	
City, State Zip	
Daytime Phone () -	
My NEW address is:	
Street	
City, State Zip	
Daytime Phone () -	
Date:	dant
I CERTIFY that I delivered / mailed a copy of this	s NOTICE of CHANGE of ADDRESS to:
☐ Plaintiff at the above address ☐ Plaintiff's att	torney Defendant at the above address Defendant's attorney
Date: By	Plaintiff Defendant